

POSITION INITIALS ID NO. DATE  
 FEE DETERMINATION  
 O.I.P.E. CLASSIFIER  
 FORMALITY REVIEW TH 12 953 15 01-16-00  
 RESPONSE FORMALITY REVIEW

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim          | Date     |
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| Final Original |          |
| 1              | 02/29/00 |
| 2              | 02/29/00 |
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| Claim          | Date |
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| Claim          | Date |
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| Final Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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